



**PATENT**  
Attorney Docket No.: 16869G-087900US  
Client Ref. No.: 340300004US01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

HIDEKI ZAITSU

Application No.: 10/666,000

Filed: September 17, 2003

For: MAGNETIC READ/WRITE  
APPARATUS HAVING A  
WRITE INHIBIT SLICE  
SETTING CIRCUIT

Customer No.: 20350

Confirmation No.: 6604

Examiner: Alan Faber

Technology Center/Art Unit: 2651

**AMENDMENT**

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 7, 2005, please enter the following amendments and remarks:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 7 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

**Remarks/Arguments** begin on page 8 of this paper.

An **Appendix** including amended drawing figures is attached following page 9 of this paper.

11/04/2005 FMETEKI1 00000065 201430 10666000

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number	10/666,000	
Filing Date	September 17, 2003	
First Named Inventor	ZAITSU, HIDEKI	
Art Unit	2651	
Examiner Name	Alan Faber	
Total Number of Pages in This Submission	14	Attorney Docket Number
		16869G-087900US

## ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Annotated and Replacement Sheet of Drawings  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

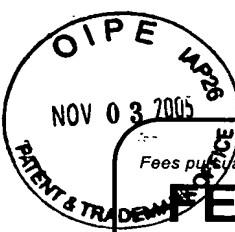
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chun-Pok Leung		
Date	November 1, 2005	Reg. No.	41,405

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Joy Salvador	Date	November 1, 2005

NOV 03 2005



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**200.00**

<b>Complete if Known</b>	
Application Number	10/666,000
Filing Date	September 17, 2003
First Named Inventor	ZAITSU, HIDEKI
Examiner Name	Alan Faber
Art Unit	2651
Attorney Docket No.	16869G-087900US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  
 Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	<u>Fee (\$)</u>	<u>Fee (\$)</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>12</u>	-20 or HP = <u>0</u>	x <u>\$50</u>	= <u>\$0</u>			
HP = highest number of total claims paid for, if greater than 20						

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>4</u>	-3 or HP = <u>1</u>	x <u>\$200</u>	= <u>\$200</u>

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other: \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,405	Telephone	650-326-2400
Name (Print/Type)	Chun-Pok Leung			Date	November 1, 2005